

# FORM LRU 192

## APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Preapplication  <input type="checkbox"/> Construction   <input type="checkbox"/> Non-construction </div> <div style="width: 45%;"> Application  <input type="checkbox"/> Construction   <input type="checkbox"/> Non-construction </div> </div>		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>			
Legal Name	Organizational Unit		
Address (give city, county, state, and zip code)	Name and telephone number (with area code) for the person to be contacted on matters involving this application		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> □ □ - □ □ □ □ □ □ □ □ </div>			
<b>7. TYPE OF APPLICANT</b> (enter the appropriate letter in the box) <div style="text-align: center; font-size: 1.5em; margin: 10px 0;"> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 45%;"> A. State  B. County  C. Municipal  D. Township  E. Interstate  F. Intermunicipal  G. Special district </div> <div style="width: 45%;"> H. Independent school district  I. State controlled institution of higher learning  J. Private university  K. Indian tribe  L. Individual  M. Profit organization  N. Other (specify) _____ </div> </div>			
<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 30%;"> A. Increase award  B. Decrease award </div> <div style="width: 30%;"> C. Increase duration  D. Decrease duration </div> <div style="width: 30%;"> Other(specify) </div> </div>			
<b>9. NAME OF FEDERAL AGENCY</b>			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> □ □ . □ □ □ □ </div>			
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b>			
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.)			
<b>13. PROPOSED PROJECT</b> <b>14. CONGRESSIONAL DISTRICTS OF</b>			
Start Date	End Date	A. Applicant	B. Project
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
A. Federal	\$	A. Yes. This Preapplication/Application was made available to Executive Order 12372 process for review on  Date _____  B. No. <input type="checkbox"/> Program is not covered by Executive Order 12372.  <input type="checkbox"/> Program has not been selected for review.	
B. Applicant	\$		
C. State	\$		
D. Local	\$		
E. Other	\$		
F. Program Income	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  <input type="checkbox"/> Yes. If "Yes," attach an explanation. <input type="checkbox"/> No.	
G. TOTAL	\$		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS PREAPPLICATION/APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
A. Typed name of authorized representative		B. Title	C. Telephone number
D. Signature of authorized representative			Date signed
<b>19. ACTION TAKEN</b> <input type="checkbox"/> A. Awarded <input type="checkbox"/> B. Rejected <input type="checkbox"/> C. Returned for amendment <input type="checkbox"/> D. Deferred <input type="checkbox"/> E. Withdrawn		<b>20. FUNDING</b>	<b>21. ACTION DATE</b>
		A. Federal	<b>22. STARTING DATE</b>
		B. Applicant	
		C. State	
		D. Local	
		E. Other	
		F. TOTAL	<b>23. ENDING DATE</b>